



Manage the Casualty Reporting System (Wartime)



**AR 600-8-1
FM 12-6**



Terminal Learning Objective

- **Action: Manage the Wartime Casualty Reporting System.**
- **Conditions: Given a requirement to manage the wartime casualty reporting system and access to AR 600-8-1, DA Pam 600-8-32, and FM 12-6.**
- **Standard: Manage the Wartime Casualty Reporting System to include defining the basic concepts of casualty operations management; DA Forms 1155 and 1156; letters of sympathy and condolence; and the flow of casualty information and the responsibilities of each echelon IAW AR 600-8-1, DA Pam 600-8-31, and FM 12-6.**



Outline

- **Concepts of Casualty Operations Management**
- **DA Forms 1155 and 1156**
- **Letters of Sympathy and Condolence**
- **Flow of casualty information and responsibilities of each echelon**



Casualty Operations Mission

- **Record, report, verify, and process casualty data from unit level to HQDA**
- **Notify appropriate individuals and provide casualty assistance to the NOK**



Casualty Operations Activities

- **Casualty reporting**
- **Casualty notification**
- **Casualty assistance**
- **Line of Duty determination**
- **Reporting status of remains**
- **Casualty mail coordination**



Coordination

- **Medical**
- **Logistical**
- **Provost Marshal**



Casualty

- ▮ **Any person who is lost to his or her organization by having been declared:**
 - **Dead, diseased, injured, ill or wounded**
 - **Beleaguered, besieged, captured, detained, or interned**
 - **DUSTWUN, missing or MIA**



Wartime Casualties

- Anyone with knowledge reports via chain of command
- Unit CDR initiates casualty information flow
- Use DA Forms 1155 (Casualty Witness Statement) & 1156 (Casualty Feeder Report)
- Casualty numbers may differ at various levels
- Bottom line: report all casualties on the battlefield (American civilians, other services, allied forces, and other unit's soldiers)



Initial Casualty Reporting Items

- #1 Casualty rpt type
- #2 Type of casualty
- #3 Casualty status
- #4 Report number
- #7 Category
- #8 SSN
- #9 Name
- #12 Rank (Service members only)
- #14 Unit of assignment
- #36 Incident date/time
- #39 Circumstances
**
- #40 Inflicting force

** Not required, but if available, please provide

Note: DCIPS Forward uses 62 items for a completed casualty message



DCIPS Forward (DCIPS-F)

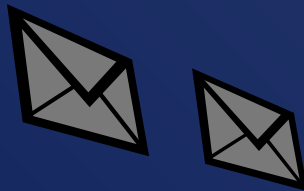
- Intuitively simpler
- Field deployable casualty reporting software
- Standardizes casualty reports
- Produces reports and queries for commanders
- Unclassified system





DCIPS-F Major Functions

- **Standardized casualty reporting capabilities**
 - **Single and mass casualty reporting features**
 - **Ad HOC Query**
 - **Allows backup, restore and index/tabbing**
 - **Edit checks with combined “Help” function**
 - **Local database capability operates off a LAN**
 - **Highlights missing data**






DA Form 1156 (Front)

CASUALTY FEEDER REPORT (AR 500-01)		CONTROL NO. A001	CHECK APPLICABLE BOX <input checked="" type="checkbox"/> HOSTILE ACTION <input type="checkbox"/> NONHOSTILE ACTION
1. LAST NAME, FIRST NAME, MIDDLE INITIAL BURKE, CHARLES M.			
2. SERVICE NO. 999-00-2539	3. GRADE SP4	4. HOUR AND DATE OF INCIDENT 07 1810 Z FEB 85	
5. UNIT 3d PLT CO A 1st/77 INF (M)	6. GEOGRAPHICAL LOCATION, <i>Nearby town</i> AND GRID COORDINATES AB 122344, FULDA, FRG		
7. TYPE OF CASUALTY (Check applicable boxes)			
KILLED IN ACTION	<input checked="" type="checkbox"/>	MISSING IN ACTION	WOUNDED OR INJURED IN ACTION
DIED OF WOUNDS OR INJURIES	<input type="checkbox"/>	CAPTURED	LIGHTLY WOUNDED OR INJURED IN ACTION *
DIED NOT AS A RESULT OF HOSTILE ACTION	<input type="checkbox"/>	DETAINED	SERIOUSLY WOUNDED OR INJURED IN ACTION *
BODY RECOVERED <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/>	INTERNEED	SERIOUSLY INJURED NOT AS A RESULT OF HOSTILE ACTION
BODY IDENTIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/>	MISSING	LIGHTLY INJURED NOT AS A RESULT OF HOSTILE ACTION
EVACUATED TO			
*To be indicated by medical personnel only.			
DA FORM 1156, 1 Jun 66		REPLACES EDITION OF 1 MAY 61 WHICH WILL BE ISSUED AND USED UNTIL EXHAUSTED.	



DA Form 1156 (Back)

8. WITNESSES WHO SAW INCIDENT OR IDENTIFIED REMAINS <i>(Name, grade, service number and unit)</i> SGT Bernard F. Gurtz and PFC Charles P. Williams, 020005INCO A MECH, Ft. Hood		
9. REMARKS <i>(Additional circumstances, any religious ministrations performed, etc.)</i> SGT Clinton was struck by an AMTRAK train on his way home from the Crow Bar & Grille in Copperas, TX. He was pronounced dead at the scene by medical authorities.		
10. FOR USE BY C.O. OR MED.OFF. <i>(only for casualties not the result of hostile action)</i>	AUTHENTICATED BY <i>(CO or Med Off.)</i>	VERIFIED BY <i>(Pers. Off.)</i>
LINE OF DUTY: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNDETM		
UNIT MP	GRADE CPT	SERVICE NO. 560-86-4112
DATE 11 Aug 06	SIGNATURE OF PERSON PREPARING REPORT 	

★ GPO:1990-279-898



DA Form 1155 (Front)

WITNESS STATEMENT ON INDIVIDUAL (AR 500-01)			CHECK APPLICABLE BOX <input type="checkbox"/> MIS <input checked="" type="checkbox"/> MIA <input type="checkbox"/> CAP <input type="checkbox"/> DET <input type="checkbox"/> DEAD (Remains not recovered)		
1. LAST NAME, FIRST NAME, MIDDLE NAME BURKE, CHARLES MICHAEL				2. SERVICE NO.	
2A. SSN 999-00-2539		3. GRADE SP4		4. DATE OF DEATH OR WHEN LAST SEEN 07 1400 Z FEB 85	
5. ORGANIZATION CO A, 3d PLT, 1st/77 INF (M)			6. GEOGRAPHICAL LOCATION (Include grid coordinates and nearby town) AB 122344 FULDA, FRG		
7. IF ITEMS 1 AND 2 ARE UNKNOWN OR NOT POSITIVE, COMPLETE ITEMS LISTED BELOW					
AGE	WEIGHT	HEIGHT	HAIR	EYES	RACE
HOMETOWN		CIVILIAN OCCUPATION		NICKNAME	
WAS HE MARRIED* (If so, give wife's name if known)			DID HE HAVE ANY CHILDREN* (If so, give names if known)		
OTHER IDENTIFYING MARKS (such as tattoos or birthmarks)		OTHER PERSONS WHO MAY HAVE WITNESSED THIS INCIDENT OR HAVE FURTHER INFORMATION 1SG CARPENTER COA, 1st/77 INF (M)			
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DA Form 1155 (Back)

8. CIRCUMSTANCES SURROUNDING INCIDENT *(If known, include cause of death or condition when last seen, and how identified)*

SP4 BURKE WAS SENT OUT TO RECON THE DEFENSIVE POSITION THAT HE WAS TO BE ASSIGNED TO. HE LEFT ABOUT 1400 HRS AND NEVER RETURNED. THE AREA WAS THOROUGHLY SEARCHED TO LOCATE SP4 BURKE, BUT THERE WAS NO SIGN OF HIM EXCEPT FOR A SIGN THAT A SCUFFLE HAD TAKEN PLACE.

9. NAME OF PERSON MAKING STATEMENT

CARTER, WALTER D.

10. SERVICE NO./
SSN

999-00-2544

11. UNIT

**CO A, 3d PLT
1/77 INF (M)**

12. DATE

08 FEB 85

13. SIGNATURE

Walter D. Carter



Content for Letters of Sympathy

Do include:

- **Answers to usual questions**
- **Soldier did not suffer**
- **Last rites/memorial services held**



Content for Letters of Sympathy

Do NOT include:

- **Inappropriate compliments**
- **Ghastly descriptions**
- **Photographs of the tragedy**



Letters of Condolence

Primary situations:

- Chain of command wish to express sympathy to NOK
- Immediate commander of a DA civilian employee



Groups at Multiple Levels

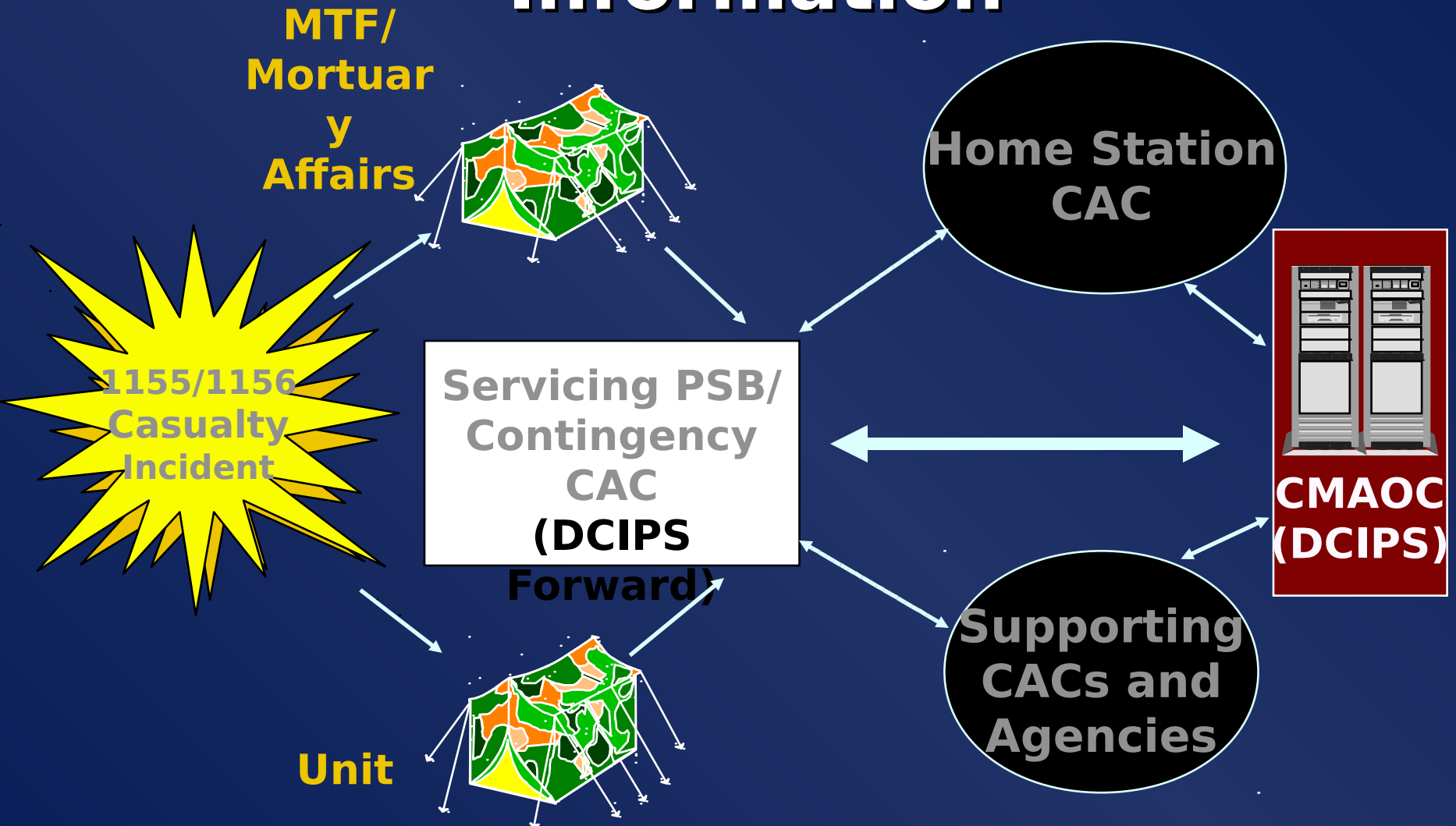
- **Casualty and Memorial Affairs Operations Center (CMAOC)**
- **Medical evacuation units**
- **Casualty Liaison Teams (CLTs)**



Casualty Liaison Teams (CLTs)

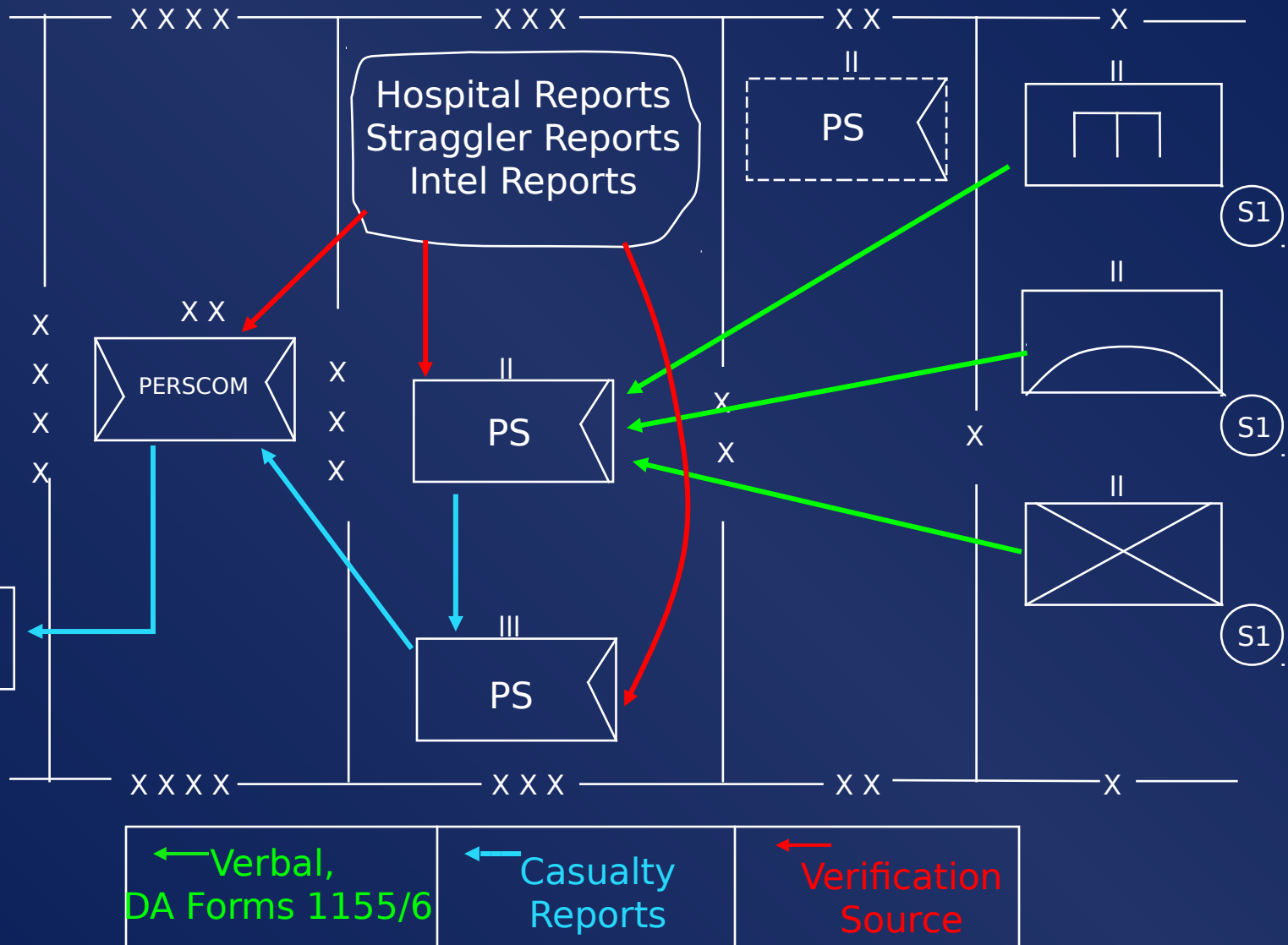
- Must be proactive in establishing CLTs
- PGs/PSBs establish CLTs at level 3&4 Medical Treatment Facilities (MTFs) including other services and host nation hospitals and collection points
- Division G1s and BDE/BN S1s establish CLTs at level 1&2 MTFs
- CLTs are resourced from organic personnel
- Need a coordinated plan when to activate CLTs especially in non-conventional warfare

Flow of Casualty Information





Casualty Flow





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